

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LCV Victory Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00486845 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gabriela Goeckner			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2016 </div>	
Mailing Address 4240 Lost Hills Road Unit # 905			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 125.00 </div>	
City Calabasas	State CA	Zip Code 91301-5372	Transaction ID : E47D6D56D2F0243C8935 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>	
Purpose of Expenditure Translation Costs		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>	
Name of Federal Candidate Schwartz, Gail, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50125.00 </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee Freestone Communications			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11 / 01 / 2016 </div>	
Mailing Address P.O. Box 8943			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50000.00 </div>	
City Saint Louis	State MO	Zip Code 63101-8943	Transaction ID : E4AA77DBE7383468596D Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>	
Purpose of Expenditure Phone Bank (Estimate)		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / </div>	
Name of Federal Candidate Schwartz, Gail, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50125.00 </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50125.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50000.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 50125.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Collins, Patrick, ,

[Electronically Filed]

Date

11 / 02 / 2016

Signature